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I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
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Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 38516							
OR							
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
MIGNATURE of Applicant or Assignee of Record							
Signature							
Name Scott - Zammerman							
Date		Telephone (919) 46	39-2629				
NOTE: Signatures of at the inventors or assignees of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below.							
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Respectfully submitted

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(Dota)